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FEC FORM 1	STATEME	NT OF ATION	O <sub>O</sub> SE	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Backers militar sures Emission
GOLLINS	FOR SENAT	OR.	11111	
ADDRESS (number and street	PO BOX	1096		
(Check if address is changed)	BANGOR		ME	04402-1094
COMMITTEE'S E-MAIL AD	DRESS NESUSANCOL	LINS COM	STATE	ZIP CODE
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COMMITTEE'S WEB PAGE	ADDRESS (URL)	cm	<u>i                                    </u>	<u> </u>
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COMMITTEE'S FAX NUMB	1695			
2. DATE DOG .	BD 2000			
3. FEC IDENTIFICATION	N NUMBER C Q	SL4575	•	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A	)	
I certify that I have examin	ed this Statement and to the bes	t of my knowledge and beli	ef it is true, correct a	and complete.
Type or Print Name of Trea	surer Awy A	Abbott	Deputy	Treasurer
Signature of Treasurer	Amy to	bott	Date <i>D9</i>	180 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact: Federal Election Commission Yoll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 12/2007)